24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Senate Conservatives Fund	C C00448696	
Check if 24-hour report 48-hour report New report Amends report filed	on Man / Dab / Yayayay	
Full Name of Payee Senate Conservatives Fund	Date of Public Distribution/Dissemination	
	04 05 7 2014	
Mailing Address PO Box 388	Amount	
City State Zip Code	125.75	
Alexandria VA 22313-0388	Transaction ID: E9504415D611742D4943 Date of Disbursement or Obligation	
Purpose of Expenditure IE-McDaniel-Online Processing Category/ Type	04 05 2014	
Name of Federal Candidate Support Office	e Sought: House District:	
Christopher Brian Mcdaniel Oppose	President State: MS	
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:	
Full Name of Payee	Date of Public Distribution/Dissemination	
Allegiance Direct LLC	04 09 / 2014	
Mailing Address 421 E E St	Amount	
City State Zip Code	8082.23	
Purcellville VA 20132-3320	Transaction ID: E344ECF0114174A9EB27 Date of Disbursement or Obligation	
Purpose of Expenditure IE-McDaniel-Direct Mail Production Category/ Type	04 / 08 / 2014	
Name of Federal Candidate Support Office	e Sought: House District:	
Christopher Brian Mcdaniel Oppose	President State: MS Senate	
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For:	
(a) SUBTOTAL of Itemized Independent Expenditures	8207.98	
(a) CC 10 NE of No. 11204 maspondon Expondition	0207.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
	5 01 2014	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Senate Conservatives Fund	C C00448696	
Check if 24-hour report X 48-hour report New report Amends	s report filed on	
Full Name of Payee	Date of Public Distribution/Dissemination	
Senate Conservatives Fund	04 / 12 / 2014	
Mailing Address PO Box 388	Amount	
City State Zip Code	1072.35	
Alexandria VA 22313-0388	Transaction ID : E810E99A0052E48C9898 Date of Disbursement or Obligation	
Purpose of Expenditure IE-McDaniel-Online Processing Category/ Type	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Supp	ort Office Sought: House District:	
Christopher Brian Mcdaniel Oppo		
Calendar Year-To-Date Per Election for Office Sought 116884.81	Disbursement For:	
Full Name of Payee	Date of Public Distribution/Dissemination	
Senate Conservatives Fund	04 19 / 2014	
Mailing Address PO Box 388	Amount	
City State Zip Code	309.50	
Alexandria VA 22313-0388	Transaction ID : E8DD7401943D841F8BB4 Date of Disbursement or Obligation	
Purpose of Expenditure IE-McDaniel-Online Processing Category/ Type	04 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Supp	ort Office Sought: House District:	
Christopher Brian Mcdaniel Oppo	See President Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought 117194.31	Disbursement For: X Primary General 2014 Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	1381.85	
	7 7 7	
(b) SUBTOTAL of Unitemized Independent Expenditures	······································	
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Paul Kilgore [Electronically Filed]	Date 05 01 2014	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Senate Conservatives Fund	C C00448696	
Check if 24-hour report X 48-hour report New report Amends report filed on		
Full Name of Payee	Date of Public Distribution/Dissemination	
Senate Conservatives Fund	04 / 26 / 2014	
Mailing Address PO Box 388	Amount	
City State Zip Code	170.50	
Alexandria VA 22313-0388	Transaction ID : E6457124BE21E4CAFAD3 Date of Disbursement or Obligation	
Purpose of Expenditure IE-McDaniel-Online Processing Category/ Type	04 / 26 / Y Y Y Y Y	
Name of Federal Candidate Support	Office Sought: House District:	
Christopher Brian Mcdaniel Oppose	President Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:	
Full Name of Payee	Date of Public Distribution/Dissemination	
Allegiance Direct LLC	05 D D D 2014	
Mailing Address 421 E E St	Amount	
City State Zip Code	24250.33	
Purcellville VA 20132-3320	Transaction ID : EB4E7149A77D84D62A39 Date of Disbursement or Obligation	
Purpose of Expenditure IE-McDaniel-Direct Mail Production Category/ Type	05 / D1 / Y Y Y Y Y Y	
Name of Federal Candidate Support	Office Sought: House District:	
Christopher Brian Mcdaniel Oppose	President Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:	
(a) SUBTOTAL of Itemized Independent Expenditures	24420.83	
	7 7 7	
(b) SUBTOTAL of Unitemized Independent Expenditures	·····)	
(c) TOTAL Independent Expenditures	34010.66	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Paul Kilgore [Electronically Filed]	ate 05 01 2014	
Signature		